

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSFILED
3 OCT 30 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000044201

1. Corporation Name

ART STOVER PLUMBING, INC

2. Principal Office Address

1029 SW SOUTH MACEDO

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT ST LUCIE, FL

City & State

Zip

34983

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5/14/99

5. FEI Number

65-0962945

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ARTHUR STOVER

Street Address (P.O. Box Number is Not Acceptable)

127 EDEN CREEK LANE

Suite, Apt. #, Etc.

City

JENSEN BEACH

State

FL

Zip Code

34957

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

X

Date

X

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P	ARTHUR STOVER	127 EDEN CREEK LN	JENSEN BEACH, FL 34957

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(2)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-772-878-6929

CR20011002



Nora F. Catano, C.P.A., P.A.

P. O. Box 507 • Stuart, Florida 34995-0507 • (772) 286-5669 • Fax (772) 286-6537

MEMBER:
American Institute of
Certified Public Accountants

Florida Institute of
Certified Public Accountants

October 23, 2003

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Art Stover Plumbing, Inc.
EIN: 65-0962945

Gentlemen:

Enclosed please find Corporate Reinstatement for the above corporation for 2003, along with my client's check in the amount of \$150 for the filing fee.

This letter is to respectfully request that you waive the reinstatement fee of \$600 in this matter. My client's physical business address and mailing address for said business changed over a year ago. My client had written to the State of Florida, Department of Corporations, to notify you of the new mailing address. However, my client's **prior** address is still the address on file with your department. Therefore, my client did not receive either the original notice or the second notice for the 2003 annual report filing. Nor did my client receive the notice of administrative dissolution in this matter. It was not until the corporation's bank notified it that my client was even aware that it had been administratively dissolved.

The corporation's new mailing address is indicated on the Corporate Reinstatement enclosed herewith. Could you please make said change in your records.

Any consideration you can give regarding waiving the reinstatement fee in this matter would be greatly appreciated. It was not my client's intention to ignore the filing requirements.

Very truly yours,

NFC/jf
Enclosure